

# CENTRAL COAST POTTERS SOCIETY INCORPORATED

## Location

10A Russell Drysdale Street  
East Gosford NSW 2250

+61 2 4324 5343

www.ccpotters.org  
info@ccpotters.org

ABN - 48 785 509 432

## Postal address

P O Box 4043  
East Gosford NSW 2250

## **APPLICATION FOR WORKSHOP MEMBERSHIP - PART 1**

*You must be a social member of CCPS before applying for workshop membership.*

*An additional fee of \$90.00 per full year is payable.*

- Workshop Membership entitles the member to work independently in the workshop on drop-in days: Monday 10.00 am to 2.00 pm, Monday evening 6.00 pm to 8.00 pm, Tuesday from 10.00 am to 2.00 pm, and the first Saturday of each month (during Mah Jong – quiet work only) 2.00 pm to 5.00 pm. A workshop key holder must be present at all times.
- A workshop key holder member must be present at all times. A workshop membership does not entitle the member to a key to the workshop.
- Workshop members are expected to have sufficient understanding of the materials, tools and processes required to work safely and independently with clay in the CCPS workshop.
- New members applying for workshop membership are required to attend a workshop orientation with a CCPS member to: familiarise themselves and demonstrate competent use of the facilities. The provisional workshop member is obliged to visit the workshop on a minimum of 3 allocated member working days over period of 2 months **after** an application for workshop membership. Workshop visit must be more than one hour in duration. If approved for workshop membership you will be notified by phone or email.
- Members are responsible for maintaining a safe work environment. CCPS is not responsible for any accident or damage arising from a members' negligence.
- The workshop is open for drop in Monday and Tuesday from 10am to 2pm, Monday night 6pm-8pm during school terms.
- A teacher will not be available during these times. It is not a class.
- Members have access and use of the library facilities.
- Request for larger amount of firing must be made to the kiln officer and will incur extra fees.

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**Name** ..... **Phone** .....

**Address** ..... **Post Code** .....

**Signature of applicant** ..... **Date** .....

**Email address** .....

### **EMERGENCY CONTACT DETAILS**

**Name** ..... **Phone** .....

In order to provide ongoing opportunities for our members, please provide us with the following information. (If more space is required use the reverse of the page.)

*What is your experience working with clay? Do you have any training in this area? What would you like CCPS to offer you as a member? Any other information you feel would be of interest.*

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## **APPLICATION FOR WORKSHOP MEMBERSHIP - PART 2**

### APPROVAL FOR WORKSHOP MEMBERSHIP

Name of CCPS workshop membership applicant \_\_\_\_\_

### WORKSHOP ORIENTATION CONDUCTED BY:

Membership Officer \_\_\_\_\_ Date \_\_\_\_\_

Kiln/Studio Manager \_\_\_\_\_ Date \_\_\_\_\_

Activities Manager \_\_\_\_\_ Date \_\_\_\_\_

### CCPS COMMITTEE APPROVAL GIVEN FOR WORKSHOP MEMBERSHIP:

Name of Committee Member \_\_\_\_\_ Date \_\_\_\_\_

Signature of Committee Member \_\_\_\_\_

## **APPLICATION FOR WORKSHOP MEMBERSHIP - PART 3**

### WORKSHOP MEMBERSHIP PAYMENT

Full year (01 October 2018 - 30 September 2019) = **\$90.00**

**PAYMENT OPTIONS** (Tick box) Cash  Cheque\*  Direct Deposit°  Total \$ \_\_\_\_\_

\***CHEQUES** payable to Central Coast Potters Society Inc.

°**DIRECT DEPOSIT DETAILS** Central Coast Potters Society Inc. BSB 062-653 Account # 0090-0224

Note 'your name' & 'CCPS WMem' so we know who has made a payment and for what.

### DELIVERY OPTIONS

1. Hand your form and payment to a committee member t in an envelope addressed to the Membership Secretary.
2. Post your form, including payment by cheque - **do not send cash in the mail** – to:  
Membership Officer, Central Coast Potters Society, P.O Box 4043, East Gosford NSW 2250
3. Email your form and confirmation of Direct Deposit payment to [membership@ccpotters.org](mailto:membership@ccpotters.org)